ROOF ACCESS PERMIT   SC09 Appendix 2

This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask.

Permit No: (record in log book)		**Key No:** (from key press)	

To be completed by the person requesting the permit:

Site / Building / Area:	
Exact location:	
Contractor or STFC Department:	
Task Details & Limitations:	
Tools / Special equipment to be used:	
Local emergency contact name and mobile number:	
Security / Emergency contact details:	RAL - 2222 (landline) | 01235 778888 (mobile) DL – 3333 (landline) | 01925 603333 (mobile) RoE – ROE – 222 (landline to Lodge) or (9) 999 if no response

Hazards to be aware of and control measures	Please Tick	Y	N
1. Permit Issuer - I have read and understood the SHE Code on Work at Heights (SC09), and am authorised to issue Roof Access Permits			
2. Have additional controls been identified from the Roof Access Register?			
3. Has a suitable and sufficient risk assessment been received? Ref:			
4. Has a method statement been received? Ref:			
5. If edge protection or mansafe anchor points are to be used, has the inspection register been checked?			
6. Are permit user(s) deemed qualified and competent to undertake this task?			
7. Are there potential falls from height – no edge protection / fragile surfaces / open voids?			
8. Are there potential slips, trips, minor falls?			
9. Are there ducts and / or vents liable to expel hazardous fumes, steam etc?			
10. Is there plant, equipment or services including specialist e.g. lasers, radiation, transmitters in work area?			
11. Checks have been made for extreme weather conditions e.g. ice, snow, wind*, lightning			
Met Office | MetCheck | BBC Weather			
12. Are weather conditions suitable for the duration of the task?			
13. Is a safe means of access and egress available?			
14. Is specialist access equipment e.g. scaffolding and/or harnesses needed, and inspected?			
15. Are specialist equipment users suitably trained?			
16. Is there a rescue plan where there is a risk of falling or where harnesses are specified?			
17. Are local barriers and/or signage required to segregate the works?			
18. Is personal protective equipment required?			
19. Have DSCs', Building Wardens, Building Works Coordinators or area authorities been informed of the work?			

<div align="center" style="color:red">**All ticked AND shaded 'Y / N' boxes must be fully justified overleaf before proceeding**</div>

Hazard number	Control(s) to be enacted or justification

Acceptance and Authorisation

This part to be completed by all relevant parties

On receipt of this permit, the permit user will be issued with a key for access to the identified roof area. The permit user must return the key and permit to Estates Services for signing off and filing.

By signing this permit confirmation is given that the task location has been examined, the hazards and control measures are understood, and that permission is given for this task to proceed.

Permit requestor: (person requesting the permit)		**Signed:**	
Permit user: (person working under the permit)		**Signed:**	
Area authority (if required): (person in control of the location)		**Signed:**	
Permit issuer: (person authorising the permit)		**Signed:**	
Date and Time of Issue:		**Time of Expiry:**	

Hand Back and Cancellation

Confirm that the task has been completed / partially completed satisfactorily and that the area has been inspected and is in a safe & tidy condition with access doors locked and keys returned.

Permit requestor: (person requesting the permit)		**Signed:**	
I have inspected the finished work and area and hereby cancel this permit:			
Permit issuer: (person closing the permit)		**Signed:**	

Please provide any relevant comments: e.g. noted issues in the permitting process, or task/location notes.

Closed permit to be retained by Estates